

Critical Illness Product Pregnancy Complications Cover Doctor Claim form – PPS Insurance Namibia



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Dear Doctor,

We appreciate your time and cooperation in assisting PPS Insurance Namibia to assess your patient's claim accurately.

Kindly provide comprehensive answers to the questions listed below, **a comprehensive medical report* and attach copies of all relevant investigations** available to you.

PPS Insurance Namibia obtained prior written consent from the life-insured in terms of which medical information pertaining to the claim may be provided. PPS Insurance Namibia may also be obliged to release such medical information, obtained as part of the claims assessment process, to the policyholder at their request. Furthermore, PPS Insurance Namibia may be legally obliged to share the medical information with a third party. Third parties include legal representatives, regulatory bodies, or independent dispute resolution authorities acting under lawful authority.

You hereby consent to the sharing and further processing of the medical information for the specific purpose of claim assessment, dispute resolution and policyholder communication. PPS Insurance Namibia undertakes that it will share and process such medical information in accordance with the purpose for which it was collected, which may include instances of complaints or dispute resolution. However, the utmost care will be taken to prevent any unreasonable or unlawful disclosure.

Please send the fully completed form and supporting documentation to PPS Insurance Namibia Claims at namibiaclaims@pps.co.za

*Refer to Part E of this form for the medical report guideline. Any cost to provide this information will be for your patient's account.

PART A: PARTICULARS OF POLICYHOLDER

Member number:

ID/Passport number (if no ID):

Name:

Surname:

PART B: MEDICAL CONDITION

Assessment of the Critical Illness Pregnancy complications cover will be based only on specific criteria for the conditions listed below. Your patient may refer to the PPS Insurance Namibia Provider™ Policy for the full description of each condition.

| | | | |
|-------------------------------|--------------------------|------------------------------------|--------------------------|
| Abortion due to amniocentesis | <input type="checkbox"/> | Hyperemesis gravidarum | <input type="checkbox"/> |
| Amniotic fluid embolism | <input type="checkbox"/> | Pulmonary embolism | <input type="checkbox"/> |
| Abruption placentae | <input type="checkbox"/> | Severe pre-eclampsia and eclampsia | <input type="checkbox"/> |
| Ectopic pregnancy | <input type="checkbox"/> | Sheehan's syndrome | <input type="checkbox"/> |
| Hydatidiform mole | <input type="checkbox"/> | Uterine rupture | <input type="checkbox"/> |

PART C: DETAILS OF THE CLAIM

Please note the assessment of this claim may depend on the severity of your patient's condition.

Date of diagnosis: Date of onset of symptoms:

Date of first consultation: ICD-10 code:

PART E: GUIDELINES FOR DETAILS REQUIRED IN THE ESSENTIAL MEDICAL REPORT

The accompanying report should consist of:

- Date of onset and chronological history of the condition. Include complications and/or previous surgeries performed in past pregnancies.
- Pre-disposing risk factors.
- Detailed description of current clinical findings and condition-specific test performed.
- Copies of investigations e.g. imaging results, blood test, CTG, histology report
- Gestational age
- Parity and gravidity
- Estimated delivery date
- Admission into hospital and/or the intensive care unit (ICU). Attach proof of hospitalisation reflecting the admission and discharge dates.
- Treatment:
 - Medication, commencement date, dose, frequency, date stopped, compliance and side-effects
 - Surgery/therapeutic procedures performed
 - Anticipated further surgery, treatment or investigations
 - Response to treatment
 - Blood transfusion
- Permanent complications.
- Prognosis with optimal treatment.
- Current impact of the condition on the patient's:
 - Lifestyle
 - Activities of daily living
 - Work
- Are there any further interventions possible?
- What is a reasonable period of time to allow improvement or recovery to occur?
- Are any improvements or deteriorations likely to occur in the next 12 months?
- Is the level of impairment in keeping with the condition?